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ABSTRACT

The Individuals with Disabilities Education Act (IDEA) requires that each state participating in the federal early intervention program establish a state interagency coordinating council (SICC) to assist and advise the state lead agencies in achieving a coordinated service delivery system. Some states have also established local interagency coordinating councils (LICCs) to support and provide information to the SICCs. This document was compiled to assist additional states and communities in developing local interagency coordinating councils (LICCs). It consists of information gathered from California, Illinois, Maryland, Missouri, North Carolina, Ohio, Pennsylvania, Virginia, and Wisconsin about their LICCs' organizational structure, roles and functions, funding and accountability, and technical assistance and support. Contact information for each state and lists of available documents are included. (SG)

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ED 452 671

Descriptions of Selected State Local Interagency Coordinating Councils (LICCs)

September 1994

In response to requests to assist states and communities in developing local interagency coordinating councils, NEC*TAS is gathering information from states about their LICCs' organizational structure, roles and functions, funding and accountability, and technical assistance and support. NEC*TAS disseminated the following state descriptions on the SpecialNet electronic bulletin board. Additional descriptions will be disseminated periodically on SpecialNet.

NEC*TAS would like to add additional state LICC descriptions to this data set. We invite you to share the LICC development in your state by submitting a brief description following the format of this document. Please send descriptions to Jo Shackelford at NEC*TAS.

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California Local Interagency Coordination Areas (LICAs)

Structure

California's Early Start Program is a partnership between the Department of Developmental Services (DDS) and the Department of Education (DE), in coordination with the state Department of Health Services, Department of Mental Health, Department of Social Services, and Department of Alcohol and Drug Programs. The local representatives of these agencies collaborate with other community-based organizations and families to provide family-centered, coordinated, early intervention services for infants from birth through 2 years of age with developmental disabilities, delays, or at-risk conditions.

DDS is the lead agency for California's Part H system and shares administrative responsibility with DE.

In 1988, DDS designated "local planning areas," geographic areas of the state in which consortia of agencies, families, and other service providers work together to plan and coordinate early intervention services. In 1993, after the completion of the planning stage of the program, local planning areas became "local interagency coordination areas" (LICAs). There are 32 LICAs in California.

Roles and Functions

Each LICA has a coordinator and a council composed of local agency representatives, service providers, and family representatives. This council is responsible for developing a comprehensive plan that identifies how it will implement a coordinated early intervention services network and provide support and services to families within its community. These responsibilities include:

- development and maintenance of collaborative service models to assist families who need services from multiple agencies, reducing duplication;
- development of local Part H training plans;
- coordination and promotion of interagency information-sharing regarding policies, procedures, referrals, public awareness, child find, and outreach activities that target hard-to-reach populations;
- encouragement and support of family and professional partnerships;
- operation as a forum for the coordination of agency and organizational plans for quality early intervention services within the LICA; and,
- coordination with community agencies and family resource centers/networks to disseminate state and local resource directories.

California, *continued*

Family Resource Centers/Networks

Family Resource Centers/Networks (FRC/Ns) perform other activities in support of the Part H system. These activities may include facilitating referrals of families to appropriate early intervention service agencies; serving as a repository of information and materials for early intervention services; providing ongoing support to families who are not ready to request early intervention services; facilitating networks of parent groups and coordinating parent support activities; supporting, planning, and implementing local family/professional partnership activities; and supporting families through transitions -- hospital to home, early intervention program to preschool, etc.

Funding and Accountability

DDS has earmarked $5 million of California's Part H grant funds this year to fund LICA and FRC/N activities throughout the state.

DDS distributes funds to the LICAs via contract. The local funding plan must be developed and approved by the agencies represented on the local council.

Technical Assistance Support/Services

Various resources and forms of assistance have been made available for the development and support of LICA interagency groups and FRC/Ns including:

- California Early Intervention Technical Network (CEI*TAN), a statewide technical assistance network funded to assist California in implementing a comprehensive System of Personnel Development;
- a DDS staff liaison to each LICA who provides hands-on support and technical assistance; and,
- technical support by DE staff to LICA groups and local education agencies.

Available Documents

- Summary of California's Local Planning Area Activities Under Part H of Public Law 99-457
- Evaluation of State-Level Planning in California Under Part H of Public Law 99-457
- Local Planning and Coordination Under Part H of Public Law 99-457 in California (Accomplishments and Impact)

California, *continued*

- Development of Family Resource Centers Under Part H of Public Law 99-457 in California
- State and Local Administration of Early Intervention Services
- Expanded Recommendations of the State Interagency Coordinating Council
- Central and local directories
- Early Start Program video which explains the program for families.

For Additional Information Contact:

If you would like copies of any of these materials, please call (916) 654-2773 or write the Department of Developmental Services, Program Services Division, Prevention and Children Services Branch, 1600 9th Street, Room 310, Sacramento, CA 95814

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Illinois Local Interagency Councils

Structure

The Illinois Early Intervention Services System Act (P.A. 87-680) established Local Interagency Councils (LICs) in September 1991, and defined their duties and composition. Three field-test sites for the service system were established in 1990, which included LICs. In 1992, the number of LICs was expanded to 17, and in 1993, the remaining LICs were developed and implemented.

Forty-five LICs now cover Illinois' geographically diverse areas, including the Chicago metropolitan area, midsize cities, suburban areas, and rural areas. Areas served by LICs were configured by local groups and vary within the state. For example, one council covers a rural, nine-county area of 2,000 square miles; another in a populous suburban area serves a single school district.

LIC membership is defined by legislation and includes, but is not limited to, parents; representatives from coordination and advocacy service providers, local education agencies; other public and private service providers; a representative from state agencies at the local level; and others deemed necessary by the local council.

A number of LIC chairs, co-chairs, and council coordinators are parents of children with disabilities. In 1992, the Family Support Committee of the Illinois Interagency Council on Early Intervention (IICEI) and the Illinois State Board of Education developed and implemented a Parent Mentorship Program to link parents with council experience to parents on newly organized councils. The Illinois State Board of Education sponsored the first annual parent conference in 1993 for family members serving on LICs to provide skill enhancing and networking opportunities. The second conference, "Look What I Can Do: Families Building a Future," is planned for July 1994.

The age focus of individual LICs is defined by the LIC, but the primary responsibility must be birth through age 3 years. Some councils have chosen to plan for birth to 5 years. While this is acceptable, funding is targeted for the birth through age 3 group. There is no local lead agency.

Roles and Functions

The duties of the LICs as defined in the Illinois Early Intervention Services System Act include:

- assisting in the development of collaborative agreements between local service providers, diagnostic and other agencies providing additional services to the child and family;
- assisting in conducting local needs assessments and planning efforts;

Illinois, *continued*

- identifying and resolving local access issues;
- conducting collaborative child find activities;
- coordinating public awareness initiatives;
- coordinating local planning and evaluation;
- assisting in the recruitment of specialty personnel;
- developing plans for facilitating transition and integration of eligible children and families into the community;
- facilitating conflict resolution at the local level; and
- reporting annually to the Council.

On occasion, LICs have provided input to the IICEIs's agenda. For example, one LIC requested that the IICEI develop a position on health care reform, which was done. The IICEI committees use LICs as a mechanism to elicit local response to specific issues. LICs also are seen as a dissemination point for information related to young children and their families.

Regional meetings of LICs are held to share strategies, successes, and challenges. A member of the state interagency staff team attends regional meetings and reports back to the IICEI. At least two times a year, statewide meetings for LIC coordinators are held.

LICs also are responsible for assuring that families have access to local advocates and independent service coordinators. The work scope of the councils are systems building and planning. They also are responsible for developing the system point of entry for their local service area.

Local Interagency Agreements

At this time, councils have agreements concerning the participation of agencies and parents. As the system develops, more formal agreements will be developed.

Funding and Accountability

Initially, councils were funded through a request for proposal process that targeted specific areas suggested at the state level. These areas could be altered at the local level if past working relationships warranted. Now that 45 Councils have been established, it is anticipated that an annual agreement will be established to allow funds to flow.

Illinois, *continued*

LICs are financially administered by a fiscal agent. Responsibilities of the fiscal agent include cooperating with the LIC chairperson(s) and LIC coordinator in relation to budgeting and expenditures of LIC funds, reporting to the lead agency or other funding sources, and participating in community and/or regional early intervention resource coordination. The fiscal agent is selected by local councils but must be approved by the lead agency. It is anticipated that once the system is refined, fiscal agents will not be providers of early intervention services whenever possible.

Each local interagency council has a coordinator who provides staff support to the LIC. Responsibilities include working with the Council/Lead agency and local community providers to establish the LIC; assisting the LIC Chairperson with scheduling council meetings, preparation and distribution of the agenda, council meetings, preparation and distribution of the agenda, minutes and other correspondence; recruiting and orientating new agency and parent members to the LIC process; assisting the chairperson in identifying the council's objectives with the context of the system goals; providing information/resources to the LIC in such areas as needs assessment, child find, public awareness, interagency awareness and training; and providing information to the LIC regarding local community issues.

Technical Assistance Support/Services

Organizational Resource Associates currently provide the initial technical assistance to LICs that includes facilitating the development of a strategic plan for the implementation of the early intervention system. It is anticipated that ORA's technical assistance will continue through September 1994. At that time, an ongoing TA system for LICs will be implemented.

Interagency staff team members, representing state agencies participating on IICEI, are assigned to specific councils throughout the state. These staff members serve as liaisons and provide an information and referral resource to LICs. The state legislation provides the blueprint for LICs focus, but the Lead Agency and the Illinois Interagency Council on Early Intervention also provides direction and guidance.

Available Documents

Systems documents are currently available.

Illinois, *continued*

For Additional Information Contact:

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Illinois State Board of Education
(217) 782-6601 (voice)
782-1900 (TTY)

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Maryland LICC

Structure

Maryland has 24 jurisdictions: 23 counties and the city of Baltimore. Local lead agencies are determined by the executive authority at the local level (i.e., County Commissioners, County Executive). The requirement for a LICC is included in the state regulations for the early intervention program. The composition of the LICC is modeled after the State ICC but the method of appointment is not proscribed. The composition of local councils is intended to be broad, and more inclusive than exclusionary. Maryland strives to integrate the LICC with other state initiatives serving young children. While the age focus of local ICCs is birth to 3 years, the federal guidance allowing a birth-to-5 focus is used to encourage local ICCs to be similarly expansive.

Roles and Functions

The local ICCs are empowered to advise and assist, but are not specifically authorized to set policy. For example, they are required to review budgets but are not authorized to approve budgets. Maryland makes a point of defining the local council's role as related to systems issues, and not to case staffing for children and families. The LICC is not the vehicle for individual child complaints. In many counties, however, it is the vehicle for interagency dispute resolution. The issue of confidentiality is the reason that the council's role is seen as related to issues that affect clusters of children and families, rather than to service coordination. While it is not uncommon for LICC members to be the same people involved in a case management conference, the LICC does not have access to children's records.

Local Interagency Agreements

Local agreements generally mirror state agreements. Each jurisdiction is required to have formal agreements, which are signed by the administrative directors of local agencies. They tend to relate to funding, service delivery, and each agency's role in relationship to the local system. The state level is used as a model or incorporated by reference in many local interagency agreements.

Funding and Accountability

The Maryland State Departments of Health, Education, and Social Services are three units that have local-level counterparts. All three local units are involved in budgetary decisions, but flow to one lead agency. Part H, Chapter 1, and Part B funds are distributed to a local lead agency in each jurisdiction. Each jurisdiction is required to submit an application and meet specific administrative requirements before approval

Maryland, *continued*

for funding is granted. Funds are made available to each jurisdiction based on a formula. There is no routine process for spending funds, and there is no parallel procurement process from the state to the local level. The state is informed by the local agency as to the process. The state does require a single audit authority.

Technical Assistance Support/Services

Support is available from the state to local ICCs. There is a yearly conference, quarterly meetings, annual on-site visits to each county, and conference calls. This is achieved by means of a state interagency TA team, comprised of representatives of the state lead agency (Maryland Infants and Toddlers Program) and Health, Social Services, and Education.

Available Documents

Maryland has many products listed on Special Net.

For Additional Information Contact:

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Maryland Infants and Toddlers Program
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Missouri LICC

Structure

The Department of Elementary and Secondary Education is designated as the Lead Agency for Missouri's Part H system, known as First Steps.

Referrals for First Steps are handled through two state agencies: the Department of Mental Health, Division of Mental Retardation and Developmental Disabilities, and the Department of Health, Bureau of Special Health Care Needs. Service coordinators in the 11 regional or area offices of each of these departments handle intake and service coordination responsibilities.

The development of LICCs in Missouri has not been mandated, but is encouraged by the State Interagency Coordinating Council (SICC).

In November 1992, a State LICC Task Force was established to recommend strategies for supporting existing LICCs and encourage the growth of new councils. This group also serves as a forum for discussing issues of common concern and facilitating communication between the SICC and LICCs.

As of December 1993, 20 LICCs have been established throughout the state.

Roles and Functions

Generally, LICCs are groups of individuals representing families, local programs, and agencies whose purpose is to collaborate and coordinate services to young children with disabilities and their families. Although each LICC may develop its own mission statement, typically the focus is on birth to 5 year olds. Some of the LICCs were formed for this single purpose, while others are affiliated with larger human service interagency groups or councils.

Formal guidelines have not been established by the state, but typical LICC activities include:

- identifying existing early intervention services and resources;
- identifying gaps in the service delivery system and developing strategies to address these gaps;
- informing the public about available resources and how to access them;
- identifying alternative funding sources;
- facilitating the development of interagency agreements and supporting development of service coalitions;

Missouri, *continued*

- assisting in the development, implementation, and evaluation of policies and procedure that will promote interagency collaboration and comply with state and federal statutes and regulations; and,
- communicating local issues or concerns to the SICC.

Several LICCs have chosen to use their councils for case staffing purposes where appropriate; however, this is not true for the majority of the LICCs.

Funding and Accountability

Part H funding in Missouri currently is designated for administration, training, and direct services. The Part H money designated for direct services is administered through the Departments of Health and Mental Health. They provide service coordination and establish contracts with private vendors for the provision of early intervention services.

Although Part H dollars have provided some mini-grants to LICCs for public awareness projects and have supported training and technical assistance activities for LICCs, Part H funds have not been used to support the administrative costs for LICCs.

The SICC and state agencies involved with the administration of First Steps, together with representatives of the State LICC Task Force, will continue to evaluate funding priorities as the State moves toward entitlement status in 1994.

Technical Assistance Support/Services

A variety of resources have been made available for the development and support of LICCs, including:

- Early Intervention Liaison positions have been established in St. Louis, Kansas City, and the Springfield area to improve collaborative efforts in those regions, especially in the area of transition. The individuals in these three positions have been instrumental in starting new LICCs and providing technical assistance to established LICCs.
- Bridging Early Services Transition (BEST) Project, an outreach project of the U.S. Department of Education's Early Education Program for Children with Disabilities (EEPCD), has been instrumental in providing technical assistance to LICCs in Missouri. This group provides intensive technical assistance to three LICCs and is working with the State LICC Task Force to develop resources which will be useful both to established LICCs and communities interested in forming a council. Training materials will be developed and/or compiled and BEST will help to provide training to LICC members, to appropriate state agency staff, and to Early

Missouri, *continued*

Intervention Liaisons so that they will be prepared to offer technical assistance to LICCs.

- A State LICC Task Force meets on a quarterly basis. Composed of representatives of all existing LICCs, this group provides a forum for addressing numerous issues that are critical for LICC development and support. SICC members are invited to attend the meetings of this task force and a representative of the Task Force reports on its activities at each SICC meeting.
- A variety of resources are available on loan through the Special Education Dissemination Center (SEDC).
- Three statewide training opportunities have been made available to LICC members:
  - Representatives of seven LICCs were trained by Drs. William Swann and Janet Morgan in August 1991 on skills needed to develop and maintain local interagency plans, goals, and activities.
  - A 1992 preconference activity provided information from state agencies involved in First Steps and the opportunity to network with other LICC members.
  - A 1993 preconference activity centered around focus groups which allowed representatives of LICCs to make recommendations on key issues involving First Steps and collaboration at the state and local levels.
- Representatives of the state agencies involved with First Steps have attended numerous LICC meetings to present information on First Steps and local interagency collaboration issues.
- Minutes of LICC meetings are summarized and mailed quarterly to SICC members and to each LICC contact.
- Presentations have been made at numerous early childhood or educational conferences and meetings to increase awareness about LICCs and First Steps.

Available Documents

A manual was developed to assist parents as they prepare for transition. It is entitled: "First Steps Transitions to Early Childhood Special Education, A Helpful Guide for Parents."

A resource manual will be developed in 1994 for use in establishing new LICCs and assisting established LICCs. This manual will contain copies of selected articles, sample forms, stories from LICCs, and any otner information that would be useful.

Missouri, *continued*

For Additional Information Contact:

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Early Childhood Special Education
Department of Elementary and Secondary Education
P.O. Box 480
Jefferson City, Missouri 65102

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North Carolina LICC

Structure

North Carolina has established LICCs across the 100 counties in the state. Most are single county councils but a few are two- or three-county councils. LICCs are fairly autonomous, and there are no formal guidelines or requirements from the state level. However, LICCs are encouraged to model the State ICC, particularly in regard to parent participation and support, birth-to-5 focus, and the composition of council membership.

Roles and Functions

One local committee is required in each area by the state lead agency for Part H. This committee, called the Consortium, addresses eligibility, service coordination, and determines the service coordinator for individual children, birth to age 3, and their families. Another local committee, required under state regulations for Part B, the Preschool Transition and Placement Committee (PTPC) addresses transition planning, eligibility, and placement for children 3 and 4 years of age with disabilities. Members of these committees are representatives of the agencies with responsibilities in these areas and the inclusion of parent advocates is strongly recommended. LICCs are encouraged to establish these two groups as subcommittees of the local interagency council, with the full council addressing local needs assessment and local system planning, coordination issues, public awareness activities, etc. Recently, as part of the state Governor's early childhood initiative to expand and enhance preschool services for all children, the LICCs have been asked to initiate an interagency process to complete a county comprehensive needs assessment for all children.

Local Interagency Agreements

Development of local interagency agreements is a local option. However, the infant and toddler Consortium is required to develop procedures and agreements related to its activities.

Funding and Accountability

Financial support for copying, mailing, and other expenses is shared by local agencies which are counterparts of the state lead agencies, Mental Health/Developmental Disabilities for Part H and the Department of Education for Part B, and other state agencies, such as Health. Some funding from the state level comes through the LICC Committee, a standing committee of the State ICC, and consists of support for expenses of the parent members of the Technical Assistance Teams (see below) in providing technical assistance to LICCs and support for their attendance at training

North Carolina, *continued*

conferences. Mini-grants have also been awarded through this committee to LICCs for local council projects.

Technical Assistance Support/Services

The LICC Committee addresses issues of LICC development and technical assistance. This group has trained 16 Technical Assistance Teams, consisting of a parent and a professional member, to provide assistance to LICCs in all areas of the state. These teams assist with such LICC activities as council development, defining roles and functions, and developing mission statements and bylaws. A library of resource materials is maintained for use by LICCs. Two statewide surveys of LICCs have been conducted by this committee.

Technical assistance with program issues is provided to locals by the state agencies charged with the implementation of Part H and Part B.

A newsletter, *The TA Traveler*, is written and disseminated by the LICC Committee to the TA Teams and to all LICCs in the state. This newsletter provides updates on state early intervention activities, legislative activities, highlights of LICC projects, and technical assistance that has been provided to LICCs.

Available Documents

- Copies of *The TA Traveler*
- Library of Available Materials for Local Interagency Coordinating Councils - Resource List
- Results of LICC Surveys I and II
- Brochure and Fact Sheet on LICC Technical Assistance
- Summary of Training for Technical Assistance Teams
- Annual Reports of the LICC Committee
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North Carolina, *continued*

For Additional Information Contact:

Duncan Munn, Part H Coordinator
Developmental Disabilities Section
Division of Mental Health/Developmental Disabilities/
Substance Abuse Services
Department of Human Resources
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Ohio LICC

Structure

Ohio's local system is organized at the county level. Each county is required by the State (the lead agency for Part H is the Department of Health) to establish a County Collaborative Group (CCG). Each county must develop areas of responsibility and interrelationships among the CCG, the Central Coordinating System (CCS), and the fiscal agent. The CCS is "a system that is designed by the CCG to provide information to families and the community about early intervention, assures access to early intervention services, provides preliminary service coordination, collects data and prepares reports for local and state level use and conducts other activities designated by the CCG . . . ." The fiscal agent "is an agency selected by the CCG to receive, administer and report on funds . . . ." Guidelines for the composition and membership of the CCG are provided by the state. These include: "membership must include one-third parents . . ., commissioners, superintendents or directors of the following public agencies or their designees: City and County Health Departments, County Board of MR/DD, County Department of Human Services, County Children's Services Board, Board of Alcohol, Drug Addiction and Mental Health Services, and at least one representative of all superintendents of local school districts. Other required representatives include: a physician, a provider of early intervention services from a private agency, a representative of the local Cluster for Services to Youth . . ." and other representatives of public or private agencies that work with infants and toddlers . . . ." The age focus of the CCGs is birth to 3, although most address birth-to-5 issues.

Roles and Functions

The role of the CCG is to 1) conduct a county needs assessment; 2) develop a county plan based on 11 essential components (i. e., philosophy, child find, interdisciplinary diagnosis and assessment, IFSP, service coordination, follow along, consumer involvement, family support, staff training, evaluation and comprehensive services); 3) assure plan implementation; and 4) monitor plan activities.

Local Interagency Agreements

Each county is required to develop areas of responsibility and interrelationships among the CCG, CCS, and fiscal agent through "letters of agreement designating which agencies on the CCG are responsible for what activities."

Funding and Accountability

Noncompetitive grants are provided to each county by the Department of Health, Bureau of Early Intervention. Receipt of funds is contingent upon the submission of a

Ohio, *continued*

County Plan for Comprehensive Early Intervention Services. The plan must designate a fiscal agent as defined in the first paragraph. The fiscal agent is "responsible for dispersing and accounting for the early intervention funds distributed to the county . . . ."

Additionally, each county may apply for competitive grants in two categories: Local Early Intervention Initiatives and Minority Population Grants. These competitive grants are designed to enhance and expand the early intervention system.

Technical Assistance Support/Services

The state has developed a substantial amount of printed materials to assist the counties in the development and monitoring process. TA is also available from the state.

Available Documents

- Guidelines for Comprehensive Early Intervention Plans (2/90)
- Addendum to Guidelines for Comprehensive Early Intervention Plans (3/91)
- Implementing A Family-Centered Approach in County Collaborative Intervention Groups (3/91)
- Eleven Essential Components of an Early Intervention Service System
- Grant Guidelines for P.L. 99-457, Part H Funds for County Comprehensive Service System Grants (92)
- Checklist for Review & Self Assessment of Early Intervention County Collaborative Group Plans

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Pennsylvania LICC

Structure

Penensylvania's local interagency coordinating councils (LICCs) are mandated by law and guidelines are provided by the state for LICC membership, roles, and functions. Geographic areas originally were defined as the 29 educational intermediate unit areas, but additional councils have emerged as a result of local community needs and differences. The age focus of the councils is birth to 5 years. The size of councils varies significantly depending upon the size of the catchment area in each community and the number of community agencies and programs.

The Department of Education, in its effort to provide comprehensive services to young children, enters into Mutually Agreed Upon Written Arrangements (MAWAs). In accordance with Pennsylvania Act 212-1990, these MAWAs can be entered into with intermediate units, school districts, and public and private agencies to serve eligible young children in an intermediate unit catchment area.

Roles and Functions

The roles and functions of Pennsylvania's LICCs include advising and commenting on the development of local interagency agreements for their specified geographic area, and communicating directly with the Departments of Education, of Health, of Public Welfare, and the state ICC regarding the local interagency agreement. In addition to comprehensive planning and monitoring of the implementation of the local service delivery system, LICCs engage in advocacy and public awareness activities.

Local Interagency Agreements

Local interagency agreements are required in Pennsylvania. These are documents that delineate the local early intervention services plan. The following groups are required to be involved in formulating the local plan and signing the written agreement: the MAWA agency, the County Mental Health/Mental Retardation Administrator, the Department of Health and/or the Director(s) of County/Municipal Health Department(s), the local Head Start grantee(s), in conjunction with the LICC. Families of children eligible for early intervention services, private and public early intervention providers, and other community members should be involved in the planning process. The plan will be written on an annual basis. An outline of questions is provided to help local plan drafters include all of the key components needed for a comprehensive plan. These include questions concerning the community's philosophy about the provision of early intervention services, plans for training in the area of best practice, plans for identification of eligible children and families, a planned process for transition of children at age 3 years and at school age, a plan for public awareness

Pennsylvania, *continued*

activities, plans for developing local resources, plans to enhance the LICC, and evaluation and monitoring plans.

Funding and Accountability

Funding of the local councils is a joint responsibility of the local MAWA agencies and county MH/MR programs which are responsible for providing services to infants, toddlers, and preschool children. Other agencies may participate in collaborative funding. Results of a statewide survey of LICCs (1993) indicate that the majority of LICCs have an established budget to support LICC activities and reimbursement to parents.

Technical Assistance Support/Services

Formalized and ongoing technical assistance is provided at the community level through the Statewide Support Initiative for the Family-Focused Early Intervention System for services to eligible children from birth to 5 years and their families. The Pennsylvania Department of Education's Statewide Support Initiative for Early Childhood develops training strategies and programs with intermediate units in coordination with local school districts to help local districts meet the needs of eligible young children transitioning from early intervention services to school district programs. The local ICC serves as the conduit for facilitating training and technical assistance activities to the communities within the catchment areas.

A statewide working conference for LICCs was held in March 1993 to exchange information and to discuss the regulatory mandates for providing early intervention services.

A two-way communication process between the State ICC and LICCs has been developed. State ICC minutes and materials are disseminated to LICCs after every State ICC meeting. A designated contact person responds to all LICC requests to the State ICC and will track and process all LICC information. A section in the Pennsylvania Early Intervention Newsletter is devoted to LICC activities and minutes.

Available Documents

- PA Act 212-1990
- Procedures for Communication & Information Exchanges Between State ICC and LICCs (1993)
- Procedures for State ICC Response to LICC Requests (1993)

Pennsylvania, *continued*

- Guidelines for Local Interagency Coordinating Councils (1993)
- A Description of Local Coordinating Councils in Pennsylvania (1993)
- Pennsylvania Local Interagency Council Directory (1993)

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verified by state 5/11/94

Virginia LICC

Structure

Virginia has a history of providing EI services for children up to age 2 years, primarily through Community Service Boards which are agencies funded by the Department of Mental Health, Mental Retardation and Substance Abuse Services (lead agency for Part H). In an effort to shift from single agency to interagency responsibility tor providing EI services, 40 local ICCs have been established regionally, primarily conforming to this previously existing system. The lead agency, in consultation with the State ICC, is required by Virginia House Bill 817 to establish local ICCs on a statewide basis. The bill mandates membership to include "designees from the following agencies which are authorized to make funding and policy decisions: community services board, department of health, department of social services, and local school division." These designees, in turn, are charged with appointing additional members including, at least one parent representative who is not an employee of any public or private program which serves infants and toddlers with disabilities, representatives from community providers of early intervention services, other service providers, and at least one representative from each county and city represented by the council. Each local council designates a local fiscal agent, a private or public agency, that administers the Part H funds in accordance with the requirements of Part H. There is no local lead agency. An annual local early intervention plan must be submitted to the state specifying policies and procedures, including a work plan and interagency budget.

Roles and Functions

The roles of the LICC as spelled out in Bill 817, include "l) identifying existing early intervention services and resources, 2) identifying gaps in the service delivery system . . ., 3) identifying alternative funding sources, 4) facilitating the development of interagency agreements . . . and service coalitions, 5) assisting in the implementation of policies and procedures that promote interagency collaboration . . . ."

The Bill also spells out responsibilities of local public agencies serving on LICCs requiring them to "provide services as appropriate and agreed upon by members of the [LICC], maintain data and provide information as requested . . ., develop and implement interagency agreements, . . . and follow procedural safeguards and dispute resolutions . . . ."

Local Interagency Agreements

In developing their fifth-year applications, local ICCs must have signed interagency agreements which specify agency responsibilities in the provision of evaluation and

Virginia, *continued*

assessment, service coordination, and IFSP development. In addition, they must have arrangements in place that assure Medicaid payment for OT, PT, and speech and language services. Local interagency agreements must be reviewed and updated annually to meet current requirements and to include new collaborative partnerships.

Funding and Accountability

Each local council must submit an application to the lead agency which serves as an interagency workplan meeting state priorities as well as local needs. After submission of the workplan and interagency budget, each local council receives funding based upon a formula. Every ICC receives an equal allocation of $25,000 as well as an additional allocation based upon the

developed and updated funding formula for Part H. This formula reflects local differences in accordance with the actual number of infants and toddlers served, the estimated number thought to be eligible, the locality's ability to pay, poverty factors in the locality, and the population in the locality. The funds are distributed and accounted for by a local fiscal agent.

Technical Assistance Support/Services

Part H provides funding for several part time TA providers that are regionally located, and who provide support to local councils and EI providers. The Department of Social Services has designated one staff member to act a. a Part H TA provider. The eight other state agencies involved also have committed to making necessary administrative changes to enhance local collaboration. Each state agency will provide technical assistance to their local counterparts. The state has used consultants to supplement the capacity of their staff to develop materials and provide on-site TA.

Available Documents

- Virginia House Bill 817
- Handbook and Forms For Local Application
- Local ICC Planning Document

Virginia, *continued*

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Verified by state 8/30/93

Wisconsin LICC

Structure

On the state level in Wisconsin, the Department of Health and Social Services (DHSS) is the lead agency for early intervention services under Part H of IDEA. For the delivery of health and social services, Wisconsin operates under a state-supervised, county-administered system of government. Each of the 72 county boards is required to designate a lead administrative agency which is responsible for providing or contracting for early intervention services to infants and toddlers with disabilities, ages birth to 3 years. These lead agencies are required to facilitate local collaboration regarding birth-to-3 issues with an initial emphasis on establishing a formal system of communication and coordination among agencies for the purposes of child find. The creation of these informed referral networks may lead to the development of local interagency coordinating groups; the development of local interagency coordinating councils (LICCs) is not required.

Interagency collaboration, the development of written interagency agreements, and the establishment of LICCs also are being promoted by the Department of Public Instruction (DPI) through Section 619 of Part B of IDEA preschool funds and through state-funded learning assistance grants. The 427 Wisconsin school districts can apply for discretionary grants to fund projects within the following priorities: projects to integrate early education and child care, joint training of special education and early childhood personnel, development of programs which facilitate meaningful interactions between children with and those without disabilities, and innovative transition and child find activities. A frequent objective in these grants is the creation of interagency coordinating councils.

Currently, two different types of local coordinating groups are emerging in Wisconsin. One type of group focuses primarily on a specific area or issue, such as advising the birth-to-3 program, developing transition systems,, or coordinating local child find systems. Membership on these groups may be limited to a specific representative from programs that are directly impacted by the area being addressed. The other type of group is an interagency council which attempts to redesign local supports and services to young children and their families. Membership on these interagency coordinating councils is very broad and may include a wide range of agencies, businesses, and local governmental units. Parent involvement is encouraged for both types of coordinating groups.

In March 1991, the state early intervention Interagency Coordinating Council (ICC) developed a "Position Paper on Local Interagency Collaboration." The ICC, in keeping with the spirit of Part H, to reduce duplication of services and to facilitate service coordination, recognized the need to formally coordinate on a local level. The

Wisconsin, *continued*

ICC supported the establishment of local advisory interagency coordinating groups with broad representation of community providers and agencies, and with parents making up at least 20% of the membership with a minimum of two parent. The ICC also recommended that any agency receiving any federal and/or state funding to serve children under the age of 3 years should participate in the local coordinating group.

Roles and Functions

The ICC position paper further defines the differences in the roles and functions of specific coordinating committees and broad-based coordinating councils. In both cases, informal working arrangements , formal written agreements, and coordinating committees or councils are encouraged to facilitate collaboration.

Specific coordinating committees related to birth-to-3 services can include, but are not limited to: :

- identification of all related service providers;
- development of a directory of early intervention services and resources;
- coordination and/or development of community public awareness programs;
- identification of child find systems and informed referral networks;
- establishment of cooperative training sessions and/or systems;
- coordination of systems for service delivery;
- clarification of administrative and financial responsibilities of existing agencies;
- development of collaborative systems for assigning service coordinators from operating agencies;
- establishment of a single point of entry ; and
- provision of consistent policy interpretations related to eligibility criteria, procedural safeguards, and appropriate early intervention services to local providers.

When communities move into broad-based community collaboration, the role and function of the ICCs are expanded to ensure comprehensive collaboration within the community regarding a broad base of issues affecting young children and their families within the community. Collaboration related to broad-based community services for young children and families can include, but is not limited to:

- bringing providers and users into contact with each other;

Wisconsin, *continued*

- assessing services available within the community and identifying those services that are not readily available;
- maximizing existing local services and reducing duplication of services;
- initiating services where there are voids;
- making recommendations to county boards, school boards, and other providers related to services for young children and their families;
- soliciting funds from state, federal, or private sources;
- creating community mission statements;
- coordinating and/or developing local public awareness programs;
- coordinating local systems for personnel development; and
- developing systems for the coordination of services to individual children and/or families.

Local Interagency Agreements

As part of the state interagency agreement, the DPI and the DHSS encourage the county birth to three administrative lead agencies and the LEAs to enter into local interagency agreements. There is also a state interagency agreement between DPI and Head Start which encourages LEAs and Head Start programs to develop local interagency agreements. These local interagency agreements are in varying stages of development throughout the state.

Funding and Accountability

Several state and federal funding sources and discretionary grant processes can be used to assist local coordinating councils or committees including, but not limited to, IDEA Part B and Part H and state learning assistance grants. Currently these funds are distributed through the appropriate state agency to the local agency that applied for the funds. The state agencies are interested in coordinating these funding sources and others that may help communities develop LICCs. Private sector funds, including the United Way, have been supportive of these planning councils in several communities in the state.

Technical Assistance Support\Services

The state ICC position paper on local interagency collaboration was developed and widely distributed by the state ICC to provide guidance related to local coordination and the establishment of local coordinating groups.

Wisconsin, *continued*

DHSS and DPI are working with Project BEST (Building Early Services for Transition), an outreach project of the U.S. Department of Education and of Kansas University, to develop transition models. The Project has facilitated a variety of efforts to promote collaboration around transition including a basic orientation to transition at age 3 years, workshops to support the development of interagency agreements around transition, a joint IFSP/IEP project, direct technical assistance, and dissemination of written transition materials.

The birth-to-3 self-assessment process assists early intervention programs interested in reviewing their program's strengths and determining areas for program improvement. The self-assessment process uses an interagency process to review several areas, including interagency collaboration. This voluntary self-assessment process is facilitated on a local level by staff from the Wisconsin Personnel Development Project, which is funded with Part H funds. Supplemental birth-to3 funds are available to programs which participate in the self-assessment to assist them in addressing the priorities identified for change. These funds could be used to support local collaboration groups and/or efforts.

LEA recipients of DPI-awarded discretionary grants receive support through networking meetings. These meetings present best practice philosophies and strategies in areas including development of local agreements and development and implementation of broad-based interagency coordinating councils. At these meetings copies of several nationally available articles and books on local collaboration were distributed including *Together We Can A Guide for Crafting a Profamily System of Education and Human Services* from the U.S. Department of Education and the U.S. Department of Health and Human Services. Several people working with these grants have developed the skills and expertise to allow them to provide direct training or technical assistance to other communities. On the local level, early childhood special education program support teachers are instrumental in the development of local coordination systems and provide support to local collaboration efforts.

Available Documents

- "Early Intervention Self-Assessment and Planning Guide on Family-Centered Services and Interagency Collaboration" (1992);
- "Interagency Coordinating Council Position Paper on Local Interagency Collaboration" (June 1991);
- *State Superintendent's Task Force on Early Education, Child Care & Family Involvement: Final Report & Recommendations* (October 1989).

Wisconsin, *continued*

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